									Application or Docket Number			
. •		APPLICATIO	•	19	1		3/6					
Effective October 1, 2001 09/989342												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS			50					RATI	FEE		RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC	EE 370.0	D OA	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			84 minus 20=		. 68		6	7 xs 9	- 43	OR	X\$18=	
_	DEPENDENT C		/ minus 3 =		<u> </u>	4		X42:	168.	ov OR	X84=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT			' Ø		+140	1//0			
* 11	the difference	in column 1 is	TOTA	-12	, OR	TOTAL						
CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
r t	12 00	CLAIMS	3.0	(Colur High	EST	(Column 3)	1	SMALL	ADDI		SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	ŀ	RATE		L	RATE	TIONAL FEE
	Total	.30	Minus	** 8	7	• ~		X\$ 9:		ÒR	X\$18=	
AM	Independent	NTATION OF M	Minus	CAIDEST	7			X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								701			· YOTAL	
		(Column 1)		(Colur	กก 2)	(Column 3)		ADDIT, FI	E L		ADDIT, FEE	
8		CLAIMS REMAINING		HIĞHI NUME		EST			ADDI-			ADDI-
AMENDMENT		AFTER AMENDMENT		PREVIC PAID	DUSLY	EXTRA		RATE	TIONA FEE	<u> </u>	RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	tus ENDENT	CALA IO	<u> -</u>		X42=		OR	X84≖	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		ОЯ	+280=	
								TOTA		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)		noori, Pt			avui. FEE	
ENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
ΣQ	Total	•	Minus	40		-	1 1	X\$ 9=		ا[X\$18=	<u> </u>
AMENDMENT	Independent	•	Minus	est		6 -		X42=	+	OR	X84=	
4	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM			A463	+	OR	A04=	
+140= If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									_i	OR	+280=	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FE **Mill the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
1	The "Highest Num	iber Previously Pai	i For (fotal or	independe	ent) is the	highest number	er fou	and in the	appropriate i			
ORM	PTO-875 (Rax 6/	01)				· .	Patr	nt and Tra	temerk Office	U.S. DEF	NATIMENT OF	COMMEDES